

STATE OF MICHIGAN

Electronic Funds Transfer (Direct Deposit)

Authorization for Vendor Payments

Issued under P.A. 94 of 1979. Filing is voluntary.

Type of authorization (select one only)

- ☐ **NEW:** Complete and verify Section A only. Please have your financial institution complete and verify Section B.
- ☐ **CHANGE:** When changing your financial institution, account number, or type of account, you must complete and verify Section A. Please have your financial institution complete and verify Section B. **Do not close your old account until electronic payments are received in your new account.**
- ☐ **CANCELLATION (Revocation):** You may cancel (revoke) this Authorization by checking this box, completing and verifying Section A of this form.

Mail completed form to: State of Michigan, DMB Office of Financial Management, P.O. Box 30710, Lansing, MI 48909-0710. If you have any questions, contact the Department of Management and Budget, Office of Financial Management, at (517) 373-4111 or (888) 734-9749.

SECTION A: Please print or type. PAYEE INFORMATION

The number below is: ☐ Individual Taxpayer ID No. (ITIN)
☐ Social Security No. ☐ Federal Employer ID No. (FEIN)

1. Payee Name	2. Social Security Number of Federal Employer ID Number (FEIN)	
3. Mailing Address (Street or RR#)	4. City, State, ZIP Code	
5. Name and Title of Contact Person	6. Email Address	7. Daytime Telephone Number

I authorize the State of Michigan to deposit payments owed to me by the State, by electronic funds transfer into the designated financial institution and account number. I understand this authorization remains in effect until cancelled in writing by: (a) Payee or Payee's Authorized Signatory, or (b) the State of Michigan.

I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the State of Michigan's rules about electronic funds transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

If more than one signature is required to authorize withdrawal of funds, all must sign this form. Attach a page with additional signatures, if necessary.

8. Print or Type Name of Payee or Payee's Authorized Signatory	9. Title of Authorized Signatory	
10. Signature of Payee or Payee's Authorized Signatory	11. Date	12. Payee elects to receive payment details from: <input type="checkbox"/> State of Michigan (SOM) Web site <input type="checkbox"/> Financial Institution (only available for commercial accounts) and SOM Web site
13. Signature of Secondary Signatory(s)	14. Date	

SECTION B: Please print or type. FINANCIAL INSTITUTION (to be verified and completed only by the financial institution)

1. Financial Institution Name	2. Routing Transit Number	
3. Street Address	4. City, State, ZIP Code	
5. Account Holder's Name(s)		
6. Account Number for Deposit of Electronic Funds Transfer	7. Account Type (Select one only) <input type="checkbox"/> Checking <input type="checkbox"/> Savings	8. Account Indicator <input type="checkbox"/> Consumer <input type="checkbox"/> Commercial
9. If payee elects to receive remittance data with the payment (ACH CTX format), the financial institution agrees to deliver this addenda data to the payee. If Yes, media type and time frame for delivery: _____. CTX addenda data will be an EDI 820 or 835 transaction set formatted in ASC X12, version 4010.		

As a representative of the above-named financial institution, I certify that:

- (1) I have confirmed the identity of this payee/account holder (2) this is the payee's account number
(3) the routing transit number is accurate and (4) the account type is accurate to facilitate an Electronic Funds Transfer

10. Print or Type Name of Financial Institution Representative	11. Title	
12. Signature of Financial Institution Representative	13. Date	14. Telephone Number